

## UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION

|        | OMB APPROVAL   | - |
|--------|--|---|
| CEC M  | Expires: November 30, 2001                             |   |
| 51.    | Expires: Wovember 30, 2001<br>Estimated average burden | • |
| SEP    | hours per response 16.00                               |   |
|        |  | ! |
| N.F.   | Prefix Serial  |   |
| F. 755 |  |   |
|        | SEC Date Received                                      |   |
|        | '  |   |
|        |  |   |

| Common, Series A Convertible Preferred Stoc                                    | k & Series B Convertible Preferred Stock                               | 1155678   |
|--|--|---|
| - ( · · · · · · · · · · · · · · · · · ·  | ] Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ S<br>endment                        | Section 4(6) ULOE                                   |
|  | A. BASIC IDENTIFICATION DATA   |   |
| 1. Enter the information requested about the i                                 | ssuer  |   |
| Name of Issuer ( Check if this is an amen TopicalNet, Inc.                     | dment and name has changed, and indicate change.)                      |   |
| Address of Executive Offices<br>800 West Cummings Park, Suite 2900, Wobus      | (Number and Street, City, State, Zip Code)<br>rn, MA 01801             | Telephone Number (Including Area Code) 781-932-8400 |
| Address of Principal Business Operations (if different from Executive Offices) | (Number and Street, City, State, Zip Code)                             | Telephone Number (Including Area Code)              |
| Brief Description of Business  |  |   |
| Software development and related services                                      |  | PROCESSE  |
| · · · · · · · · · · · · · · · · · · ·  | limited partnership, already formed  limited partnership, to be formed | other (please specify): SEP 0 6 2002                |
| Actual or Estimated Date of Incorporation or G                                 | Month Yes 1 2 9 4  | FINANCIAL  S Actual                                 |
| GENERAL INSTRUCTIONS   |  |   |

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Kingman, Jr., Raymond R. Business or Residence Address (Number and Street, City, State, Zip Code) 800 West Cummings Park, Suite 2900, Woburn, MA 01801 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Mucci, John F. (Number and Street, City, State, Zip Code) Business or Residence Address. 800 West Cummings Park, Suite 2900, Woburn, MA 01801 Check Box(es) that Apply: □ Promoter ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Sestili, Paul Business or Residence Address (Number and Street, City, State, Zip Code) c/o APV Technology Ventures III, L.P, 535 Middlefield Road, Suite150, Menlo Park, CA 94025 Check Box(es) that Apply: □ Promoter □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Solstice Capital, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 15 Broad Street, 3<sup>rd</sup> Floor, Boston, MA 02109 Check Box(es) that Apply: ☐ General and/or □ Promoter Beneficial Owner ■ ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) APV Technology Ventures III, L.P. (Number and Street, City, State, Zip Code) Business or Residence Address 535 Middlefield Road, Suite150, Menlo Park, CA 94025 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Easy Room GmbH Business or Residence Address (Number and Street, City, State, Zip Code) C/o Bertlesmann MediaSystems Gmbh, An der Autobahn 18, D-33311, Guterslah, Germany Check Box(es) that Apply: ☐ Promoter ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) George, Harry Business or Residence Address (Number and Street, City, State, Zip Code) 15 Broad Street, 3rd Floor, Boston, MA 02109 Check Box(es) that Apply: ☐ Executive Officer ☐ General and/or □ Promoter □ Director

A. BASIC IDENTIFICATION DATA

Managing Partner

| Full Name (Last name first, if individu<br>Goncher, Brian | al)             |                              |                                       | -          | •                               |  |
|---|-----------------|------------------------------|---------------------------------------|------------|---------------------------------|--|
| Business or Residence Address                             | (Numbe          | r and Street, City, State, Z | (ip Code)                             |            |                                 |  |
| 535 Middlefield Road, Suite 150, Mer                      | ilo Park, CA 9  | 4025                         | · · · · · · · · · · · · · · · · · · · |            | - '                             |  |
| Check Box(es) that Apply:                                 | Promoter        | ☑ Beneficial Owner           | ☐ Executive Officer                   | ☐ Director | ☐ General and/or<br>Managing Pa |  |
| Full Name (Last name first, if individu                   | ial)            |                              |                                       |            |                                 |  |
| Crystal Internet Venture Fund II (BVI)                    | , L.P.          |                              |                                       |            |                                 |  |
| Business or Residence Address                             | `               | r and Street, City, State, 2 | Lip Code)                             |            |                                 |  |
| c/o Crystal Internet Ventures, 1120 Ch                    | iester Ave., Su | ite Cleveland OH 4414        | •                                     |            |                                 |  |

|  | -  |   |  | B. INFO                  | ORMATIO                               | N ABOUT                    | OFFERI                                | √G                          |                                       |                          |                           |            |
|--|--|---|--|--------------------------|---------------------------------------|----------------------------|---------------------------------------|-----------------------------|---------------------------------------|--------------------------|---------------------------|------------|
| 1. Has the iss   | mer sold, or                                       | does the is                                   | suer intend                              | to sell to r             | non accredit                          | ed investor                | rs in this off                        | èring?                      |                                       |                          | Yes N                     |            |
|  | ,  |   |  | •                        | 1                                     |                            |                                       | -                           |                                       |                          |                           | •          |
|  |  |   |  |                          |                                       |                            | if filing und                         |                             |                                       |                          |                           |            |
| 2. What is the   | e minimum  | investment                                    | that will b                              | e accepted               | from any in                           | dividual?                  |                                       |                             |                                       |                          | \$ 22,711                 |            |
| 3. Does the o  | fforing nor  | mit inint au                                  | marchin of                               | a sinala uni             | · .<br>•••                            |                            |                                       |                             |                                       |                          |                           | 10         |
|  |  |   |  |                          |                                       |                            |                                       | •                           |                                       |                          |                           |            |
| 4. Enter the iremuneration agent of a bropersons to be Full Name (L. | for solicitation<br>ker or dealer<br>listed are as | tion of purc<br>er registered<br>ssociated pe | hasers in co<br>I with the Sersons of su | onnection v<br>EC and/or | vith sales of<br>with a state         | securities<br>or states, l | in the offeri                         | ng. If a per<br>of the brok | rson to be li<br>cer or deale         | sted is an<br>r. If more | associated<br>than five ( | person or  |
|  |  |   | *  |                          |                                       |                            |                                       |                             |                                       |                          |                           |            |
| Business or R  | esidence A   | ddress (Nu                                    | nber and S                               | treet, City,             | State, Zip C                          | Code)                      |                                       |                             |                                       |                          | <del>- :</del>            |            |
|  |  |   |  |                          |                                       |                            |                                       |                             |                                       |                          |                           |            |
| Name of Asso   | ociated Bro  | ker or Deale                                  | er                                       |                          |                                       |                            |                                       |                             | · · · · · · · · · · · · · · · · · · · |                          |                           |            |
|  |  |   |  |                          | •                                     |                            |                                       |                             |                                       |                          |                           |            |
| States in Whi  |  |   |  |                          |                                       |                            | · · · · · · · · · · · · · · · · · · · | -                           |                                       |                          |                           |            |
| ,  | ,  |   |  |                          |                                       |                            |                                       |                             |                                       |                          |                           | dl States  |
| [AL]   | [AK]   | [AZ]  | [AR]                                     | [CA]                     | [CO]                                  | [CT]                       | [DE]                                  | [DC]                        | [FL]                                  | [GA]                     | [HI]                      | [ID]       |
| [IL]   | [IN]   | [IA]  | [KS]                                     | [KY]                     | [LA]                                  | [ME]                       | [MD]                                  | [MA]                        | [MI]                                  | [MN]                     | [MS]                      | [MO]       |
| [MT]   | [NE]   | [NV]  | [NH]                                     | [N1]                     | [NM]                                  | [NY]                       | [NC]                                  | [ND]                        | [HO]                                  | [OK]                     | [OR]                      | [PA]       |
| [RI]   | [SC]   | [SD]  | [TN]                                     | [TX]                     | [UT]                                  | [VT]                       | [VA]                                  | [WA]                        | [WV]                                  | [WI]                     | [WY]                      | [PR]       |
| Full Name (L   | ast name fi  | rst, if indivi                                | dual)                                    |                          |                                       |                            |                                       |                             |                                       |                          |                           |            |
|  |  |   |  |                          |                                       |                            |                                       |                             |                                       |                          |                           |            |
| Business or R  | Residence A  | ddress (Nu                                    | mber and S                               | treet, City,             | State, Zip C                          | Code)                      | •                                     |                             |                                       | ,                        |                           |            |
|  |  | <del> </del>                                  | · · · · · · · · · · · · · · · · · · ·    |                          |                                       |                            |                                       |                             |                                       |                          |                           |            |
| Name of Ass  | ociated Bro  | ker or Deal                                   | er                                       | •                        |                                       |                            |                                       |                             |                                       |                          |                           |            |
|  |  |   |  |                          | · · · · · · · · · · · · · · · · · · · |                            |                                       |                             |                                       |                          |                           | ·          |
| States in Whi  |  | Listed Has S<br>or check ind                  |  |                          |                                       | hasers                     |                                       |                             |                                       |                          | П.                        | All States |
| [AL]   | [AK]   | [AZ]  | [AR]                                     | [CA]                     | [CO]                                  | [CT]                       | [DE]                                  | [DC]                        | [FL]                                  | [GA]                     | [HI]                      | [ID]       |
| [IL]   |  | [IA]  | [KS]                                     | [KY]                     | [LA]                                  | [ME]                       | [MD]                                  | [MA]                        | [MI]                                  | [MN]                     | [MS]                      | [MO]       |
| [MT]   | [NE]   | [NV]  | [NH]                                     | [נא]                     | [NM]                                  | [NY]                       | [NC]                                  | [ND]                        | [OH]                                  | [OK]                     | [OR] -                    |            |
| [RJ]   | [SC]   | [SD]  | [TN]                                     | [TX]                     | [UT]                                  | [VT]                       | [VA]                                  | [WA]                        | [WV]                                  | [WI]                     | [WY]                      | [PR]       |
| Full Name (L   |  |   |  |                          | <u> </u>                              |                            | . ,                                   |                             |                                       |                          |                           |            |
| `  |  | ,   |  |                          |                                       |                            |                                       |                             |                                       |                          |                           |            |
| Business or I  | Residence A  | Address (Nu                                   | mber and S                               | treet City.              | State, Zip (                          | Code)                      |                                       |                             |                                       |                          |                           |            |
| 240111400 01 1   |  | 1441400 (1 (4                                 |  | , 01.,,                  | J, 2.p                                | ,                          |                                       |                             |                                       |                          |                           |            |
| Name of Ass  | ociated Bro  | ker or Deal                                   | er                                       |                          |                                       |                            |                                       |                             |                                       |                          | <del></del>               |            |
| Tunio of Ass   | osiaioa Dic  | not of Doal                                   |  |                          | ·-                                    |                            |                                       |                             |                                       |                          |                           |            |
| States in Wh   | ich Person   | Listed Hac                                    | Solicited or                             | · Intende to             | Solicit Pur                           | hasers                     |                                       |                             |                                       |                          |                           |            |
|  |  |   |  |                          | Souch Full                            |                            |                                       |                             |                                       |                          |                           | All States |
| [AL]   | [AK]   | [AZ]  | [AR]                                     | [CA]                     | [CO]                                  | [CT]                       | [DE]                                  | [DC]                        | [FL]                                  | [GA]                     | [HI]                      | [ID]       |
| [IL]   | [IN]   | [IA]  | [KS]                                     | [KY]                     | [LA]                                  | [ME]                       | [MD]                                  | [MA]                        | [MI]                                  | [MN]                     | [MS]                      | [MO]       |
| [MT]   | [NE]   | [NV]  | [NH]                                     | [NJ]                     | [NM]                                  | [NY]                       | [NC]                                  | [ND]                        | [OH]                                  | [OK]                     | [OR]                      | [PA]       |
| ו וסו  | ומכז   | ומסו  | (TNI)                                    | [TY]                     | נדו וו                                | IVTI                       | [VA]                                  | ΓWΔ1                        | (W/V)                                 | rwn                      | (W/V)                     | (PR1       |

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |   |   |
|----|---|-----------------------------|---|---|
|    | Type of Security  | Aggregate<br>Offering Price |   | nount Aiready<br>Sold                     |
|    | Debt  | \$_0                        |   | \$ <u>0</u>                               |
|    | EquityCommon and Series A & B Convertible Preferred Stock   | \$ 12,125,273               |   | \$ <u>9,558,758</u>                       |
|    | ☑ Common ☑ Preferred  |                             |   |   |
|    | Convertible Securities (including warrants)   | \$ 0                        |   | \$_0                                      |
|    | Partnership Interests   |                             |   | \$ 0                                      |
|    | Other (Specify)   |                             |   | \$_0                                      |
|    | Total   | \$ <u>12,125,273</u>        |   | \$ <u>9,558,758</u>                       |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                             |   |   |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            | Number<br>Investors         |   | Aggregate<br>Dollar Amour<br>of Purchases |
|    | Accredited Investors  | 7                           |   | \$ <u>9.558,758</u>                       |
|    | Non-accredited Investors  |                             |   | \$ <u>0</u>                               |
| 2  | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 3, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities  | 0                           |   | \$0                                       |
| J  | sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  |                             |   |   |
| -  | Type of offering  Rule 505  | Type of<br>Security<br>N/A  |   | Dollar Amoun<br>Sold<br>\$_N/A            |
|    | Regulation A  |                             |   | \$ N/A                                    |
|    | Rule 504  |                             |   | \$ N/A                                    |
|    | Total   |                             |   | \$ N/A                                    |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |   |   |
|    | Transfer Agent's Fees   |                             |   | \$0                                       |
|    | Printing and Engraving Costs  |                             |   | \$_0                                      |
|    | Legal Fees  |                             | × | \$100,000                                 |
|    | Accounting Fees   |                             |   | \$_0                                      |
|    | Engineering Fees  |                             |   | \$_0                                      |
|    | Sales Commissions (specify finders' fees separately)  |                             |   | \$0                                       |
|    | Other Expenses (identify)   | •                           | × | \$ <u>10.000</u>                          |
|    | Total   | ******                      | ⊠ | \$110,000                                 |

|        | C. OFFERING PRIC  | E, NUMBER OF INVESTORS, EXPENSES AND USE  | OF P   | ROCEEDS                                 |                          |
|--------|---|---|--------|---|--------------------------|
| 5. Ind | and total expenses furnished in respon-<br>'adjusted gross proceeds to the issuer.".<br>licate below the amount of the adjusted | ate offering price given in response to Part C - Question se to Part C - Question 4.a. This difference is the gross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an |        |   | \$ <u>12.015.273</u>     |
| esti   | mate and check the box to the left of the   | e estimate. The total of the payments listed must equal   |        |   |                          |
| the    | adjusted gross proceeds to the issuer se  | t forth in response to Part C - Question 4.b above.   |        | Payments to                             |                          |
|        |   |   |        | Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others    |
|        | Salaries and fees   |   |        | \$_N/A                                  | □ \$ <u>N/A</u>          |
|        | Purchase of real estate   |   |        | \$_N/A                                  | □ \$ <u>N/A</u>          |
|        | Purchase, rental or leasing and installat   | ion of machinery and equipment  |        | \$_N/A                                  | □ \$ <u>N/A</u>          |
|        | Construction or leasing of plant building   | ngs and facilities  |        | \$_N/A                                  | □ \$ <u>N/A</u>          |
|        | offering that may be used in exchange   | ing the value of securities involved in this for the assets or securities of another  |        | \$_N/A                                  | <b>⊠</b> \$ 2,879,961    |
|        |   |   | _      | \$ N/A                                  | □ \$ N/A                 |
|        |   |   |        | \$ N/A                                  | ■ \$ 9,135,312           |
|        | •   |   |        |   | □ \$ N/A                 |
|        |   | `   | u      | Φ <u>Ιν/Λ</u>                           | <b>Б</b> 19/74           |
|        |   |   |        | \$ N/A                                  | □ \$ N/A                 |
|        |   | ′   |        | \$ N/A                                  | ■ \$ <u>12.015.273</u> - |
|        | Column Totals   |   |        | 3 <u>N/A</u>                            | × 12,013,273             |
| ,      | Total Payments Listed (Column totals  | added)  |        | ⊠ \$_                                   | 12,015,273               |
|        |   | D. FEDERAL SIGNATURE  |        |   | -                        |
| fol    | lowing signature constitutes an undertak  | gned by the undersigned duly authorized person. If this not<br>king by the issuer to furnish to the U.S. Securities and Exch.<br>the issuer to any non-accredited investor pursuant to paragrap                   | ange ( | Commission, up                          | oon written request      |
| Issuer | (Print or Type)   | Signature   | ٠,     | Date                                    |                          |
| Topic  | alNet, Inc.   | Flu P Kenn  |        | 5/26/                                   | íZ                       |
| Name   | of Signer (Print or Type)   | Title of Signer (Print or Type)   |        |   |                          |
| Glen   | Keenan  | Vice President of Finance & Adminis   | strat  | ion                                     |                          |

ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| E. STATE SIGNATURE  |     |          |
|---|-----|----------|
| 1 To an and described in 17 CFD 220 202   | 3/  | `\T-     |
| 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | :No<br>⊠ |
| See Appendix, Column 5, for state response.   |     |          |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type)         | Signature                                  | Date    |
|--------------------------------|--|---------|
| TopicalNet, Inc.               | ChiPken                                    | 8/20/02 |
| Name of Signer (Print or Type) | Title of Signer (Print or Type)            |         |
| Glen Keenan.                   | Vice President of Finance & Administration |         |

#### Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

| 1     | Intend to sell<br>to non-accredited<br>investors in State<br>(Part B-Item 1 |    | 3  |                                      |                              | 4 `   |        | Disqual | 5<br>ification |
|-------|---|----|--|--------------------------------------|------------------------------|---|--------|---------|----------------|
|       |   |    | Type of security and aggregate offering price offered in state (Part C Item 1) |                                      | (if yes,<br>explan<br>waiver | under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |        |         |                |
| State | Yes   | No | Common & Series A & B Preferred Stock  | Number of<br>Accredited<br>Investors | - Amount                     | Number of Non- Accredited Investors   | Amount | Yes     | · No           |
| AL    |   |    | ,  |                                      |                              |   |        |         |                |
| AK    |   |    |  |                                      |                              |   |        |         |                |
| AZ    |   |    |  |                                      | ,                            |   |        |         |                |
| AR    |   |    |  | ·                                    |                              |   |        |         |                |
| CA    |   | Х  | \$5,349,542  | 4                                    | \$5,349,542                  | 0   | х      |         | х              |
| со    |   |    |  |                                      |                              |   |        |         |                |
| CT    |   |    | -  |                                      |                              |   |        |         |                |
| . DE  |   |    |  |                                      |                              |   |        |         |                |
| DC    |   |    |  |                                      |                              |   |        |         |                |
| FL    |   |    |  |                                      |                              |   |        | ,       |                |
| GA    |   |    |  |                                      |                              |   |        |         |                |
| HI    |   |    |  |                                      |                              |   |        |         |                |
| ID    |   |    |  |                                      |                              |   |        |         |                |
| IL    |   |    |  |                                      |                              |   |        |         |                |
| IN    |   |    | K .  |                                      |                              |   | -      |         |                |
| IA.   |   |    |  |                                      |                              |   |        |         |                |
| KS    |   |    |  |                                      |                              |   |        | ·       |                |
| KY    |   |    |  |                                      |                              |   | 1      |         |                |
| LA    | 1   |    |  |                                      |                              |   |        |         |                |
| ME    |   |    |  |                                      |                              |   |        |         |                |
| MD    | -   |    |  |                                      |                              |   | `-     |         |                |
| MA    | Х   |    | \$4,184,208  | 2                                    | \$4,184,208                  | 0   | X      |         | х              |
| MI    |   |    |  |                                      |                              |   |        |         |                |
| MN    |   | -  |  |                                      |                              | ,   |        |         |                |
| MS    |   |    |  |                                      |                              |   |        |         |                |
| MO    | 1   |    |  |                                      |                              |   |        |         | <u> </u>       |

## APPENDIX

| 1     | 1       | 2  | 3   | l                                    |  | <u> </u>                                     | <del></del> | Γ   |  |
|-------|---------|--|---|--------------------------------------|--|--|-------------|-----|--|
|       | to non- | d to sell<br>accredited<br>rs in State<br>B-Item 1 | Type of security and aggregate offered in state (Part C Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |             |     | ification<br>ification<br>ite ULOE<br>attach<br>attion of<br>granted)<br>Item 1) |
| State | Yes     | No   | Secured<br>Convertible<br>Notes                                 | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-<br>Accredited<br>Investors | Amount      | Yes | No   |
| MT    |         |  |   |                                      |  |  |             | _   |  |
| NE    |         |  |   |                                      |  |  |             |     |  |
| NV    |         |  |   |                                      |  |  |             |     |  |
| NH    |         |  |   |                                      |  |  |             |     |  |
| NJ    |         |  |   |                                      |  | ·  |             | -   |  |
| NM    |         |  |   |                                      |  |  |             |     |  |
| NY    |         |  |   |                                      |  |  |             |     |  |
| NC    | 1       |  |   |                                      |  |  |             |     |  |
| ND    |         |  |   |                                      |  |  |             |     |  |
| ОН    |         |  |   |                                      |  |  |             |     |  |
| OK    | ·       |  | -   |                                      |  |  |             |     |  |
| OR    |         |  |   |                                      |  |  |             |     |  |
| PA    |         |  |   |                                      |  |  |             |     |  |
| RI    |         |  |   |                                      |  |  |             |     |  |
| SC    |         |  |   |                                      |  |  |             |     |  |
| SD    |         |  | ·   | `                                    |  |  |             |     |  |
| TN    |         |  |   |                                      |  | ·  |             |     |  |
| TX    |         |  |   |                                      | ·  |  |             |     |  |
| UT    |         |  |   |                                      |  |  |             |     |  |
| VT    |         |  |   |                                      |  |  |             |     |  |
| VA    |         |  |   |                                      |  |  |             |     |  |
| WA    |         |  |   |                                      |  |  | ·           |     |  |
| WV    |         |  |   |                                      |  |  |             |     |  |
| WI    |         |  |   |                                      |  |  |             |     |  |
| WY    |         |  |   |                                      |  |  |             |     |  |
| PR    |         |  |   |                                      |  |  |             |     |  |